Community Analysis and Data Visualization

By Khaleel Hussaini and Wesley Kortuem



The Big Picture – Why now?

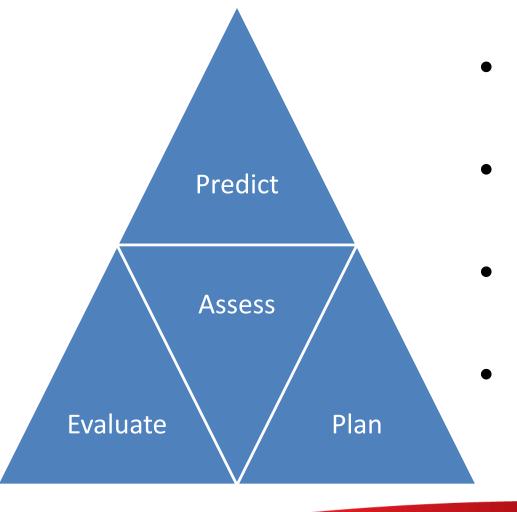
• Proliferation of geographic information system (GIS)

 An "opportunity" to examine spatio-temporal relationships of health and environment.

 Theoretical framework - "the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness" influence health inequity and/or health inequalities.



Predict, Assess, Plan, Evaluate (PAPE)



MIECHV

SHA

Cancer

Data visualization



How do we do it?

 Defining a "small-area" or a "community" to generate a health profile.

 Use of appropriate GIS techniques to aggregate data for statistical use.

• Use of appropriate health indicators to describe spatiotemporal, politico-legal, socio-economic variations.

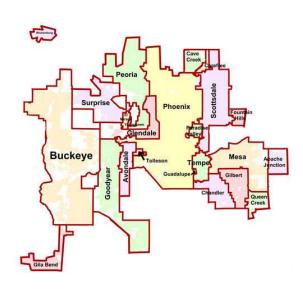
And keeping it meaningful, simple, and useful.



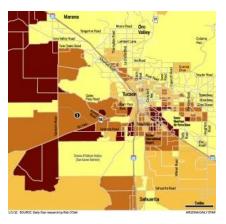
Small Area Geography

- Counties
- Tracts
- Zip Codes
- Cities



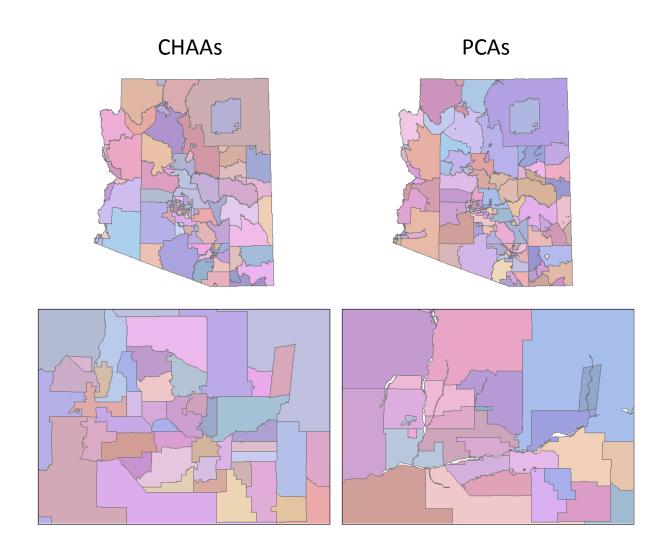








What about Primary Care Areas (PCAs)? and Community Health Analysis Areas (CHAAs)?



CHAA Issues

2010 Census



Changing Communities





Medical Marijuana

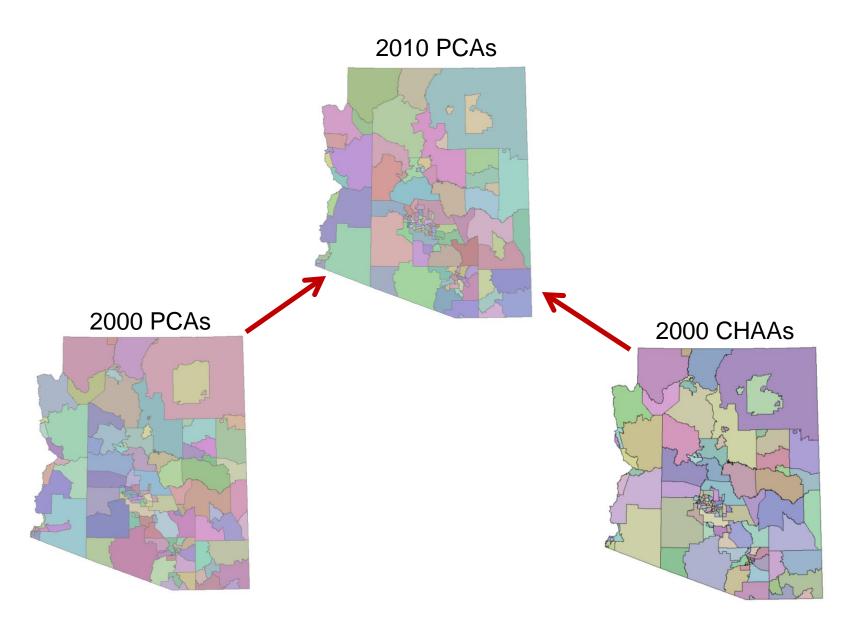


PCA Issues

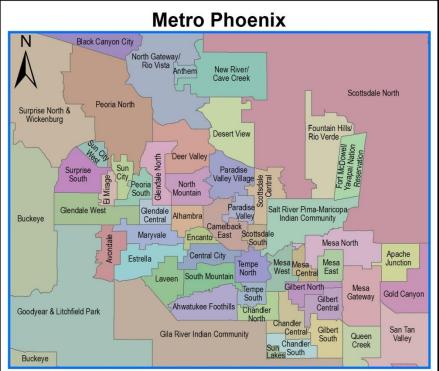
- 2010 Census
- Communities have changed
- Population minimum and maximums to extreme
 - Some PCAs nearly ½ million
- Doesn't represent urban area communities well.
 - Homogeneity vs. Primary Care



Unifying PCAs and CHAAs

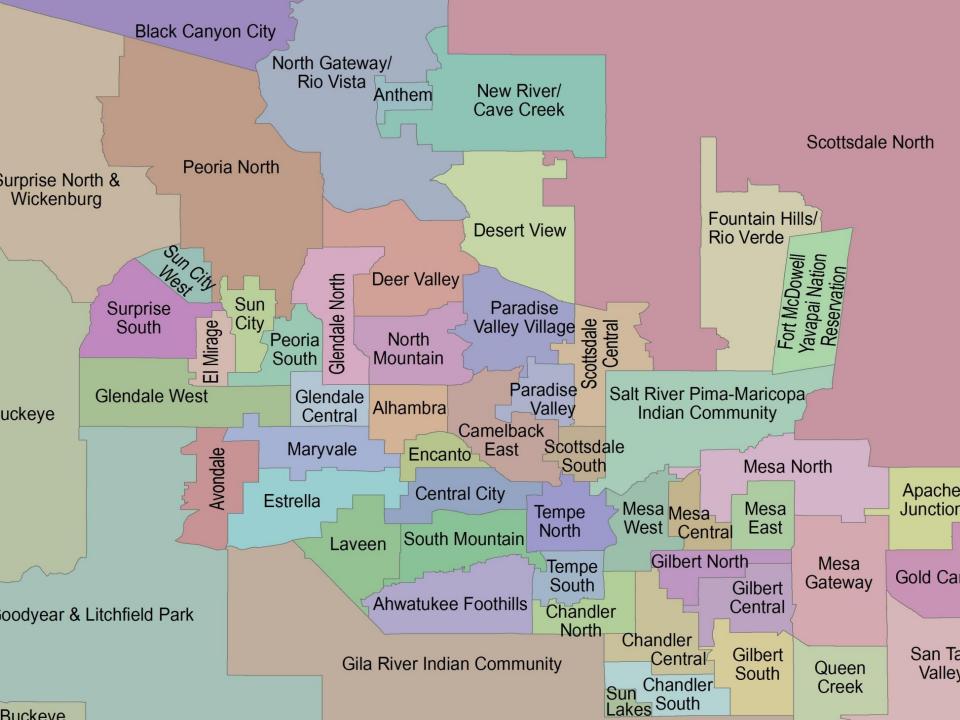


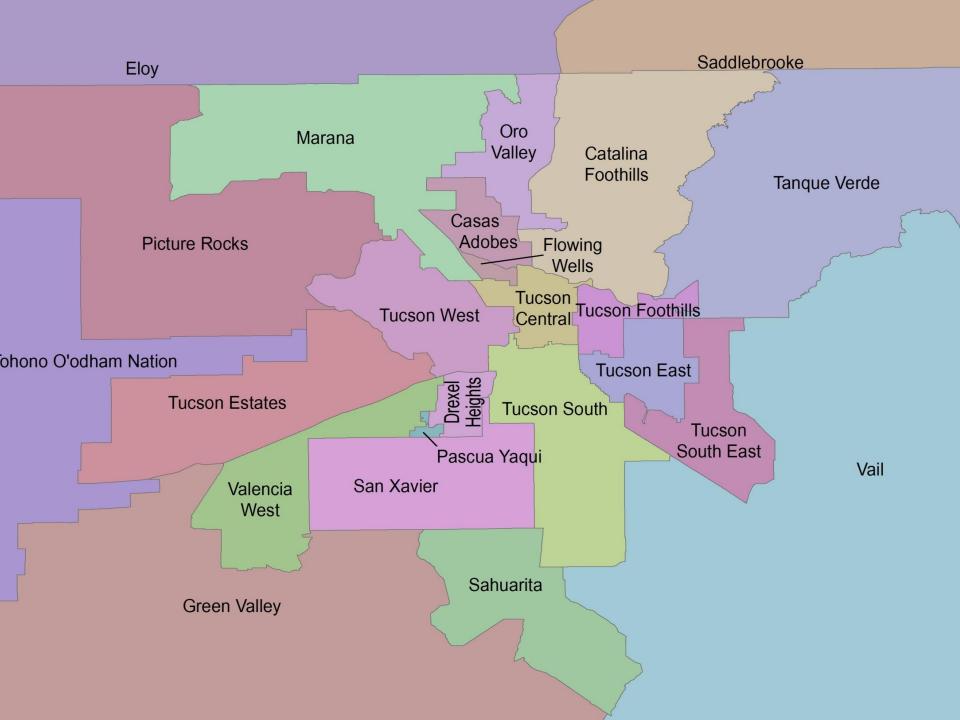
Primary Care Areas Page Colorado City Navajo Nation Hopi Tribe Hopi Tribe Grand Canyon Golden Valley Chino Valley Flagstaff Kingman Winslow Prescott Williamson Snowflake/Heber Springerville/ Eager Black Canyon City White Mountain Payson Colorado River Apache Tribe Surprise North & Indian Tribe Wickenburg Quartzsite Globe Gold San Carlos Apache Tribe Canyon Morenci Buckeye Casa Coolidge Safford Fortuna Foothills Somerton Yuma Thatcher San Luis Ajo Willcox & Bowie Tohono O'odham Douglas & Pirtleville Rio Rico Bisbee Arizona Map Date: Department of September 2013 **Health Services**











2010 PCAs

- Define today's communities.
- Maintain populations conducive to statistical analysis.
- Identify where people go for primary care.
- Are built with a repeatable rule based methodology.



PCA Rules

- PCAs are built from 2010 US Census Tracts.
 - Federal requirement.
- All PCAs have a 2010 population greater than 10,000 but less than 200,000.
- No PCA will have an area greater than 7500 square miles
- PCAs shall not cross county lines
- PCAs shall follow existing political boundaries as closely as possible.
- Every rural PCA must have a safety net facility.



Exceptions

- Tribal PCAs are exempt from population and area minimum and maximum rules.
- Tribal PCAs can cross county lines
- Based on size and homogeneity some communities were allowed to cross a county line.
 - Queen Creek
 - Sedona



Community Boundaries

- Tribal Lands
- Village boundaries
 - Planning areas
- Census Designated Places (CDP)
 - Defined by the 2010 US Census
 - Includes incorporated places as well as other settled concentrations of people that are identifiable by name but not legally incorporated.



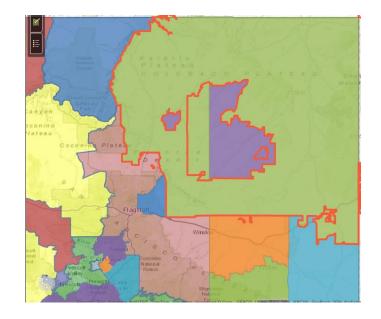
Population Compliance

- Communities must be split or combined to comply with population rules
 - Rural
 - Proximity to Safety Net Facilities or other communities
 - Urban
 - Demographics



Issues

- Tracts limit flexibility
 - Tribal Lands
 - Separate analysis by tribe.
- Fixed methodology restricts the use of local knowledge in favor of predefined rules.





Facts about PCAs

- 126 communities (so are CHAAs)
 - The average PCA has a population of 50,730 and an area of 905 square miles
 - 55 Metro Phoenix PCAs
 - 20 Metro Tucson PCAs
 - At 199,814 Maryvale PCA has the largest population and Fort McDowell Yavapai is the smallest with a population of 971



Where do we go from here?

- Starting with 2012 data we are publishing BPHS data at PCA level.
- The following site is a draft of our bureau's vision for presenting PCA data for internal and external stakeholders.
- We will engage our stakeholders to seek their input on PCA data elements and site functionality.



Data Visualization Options

- Maps
- Tables
- Graphs
- Charts
- Movies







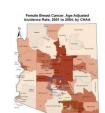
Disability Category	Participants	Ballots Completed	Ballots Incomplete/ Terminated	Results	
				Accuracy	Time to complete
Blind	5	1	4	34.5%, n=1	1199 s e c, n = 1
LowVision	5	2	3	98.3% n=2	1716 s e c, n = 3
		77		(97.7%, n=3)	(1934sec, n=2)
Dexterity	5	4	1	98.3%, n=4	1672.1 sec, n=4
Mobility	3	3	0	95.4%, n=3	1416 sec, n=3

Static



- Paper
- Digital

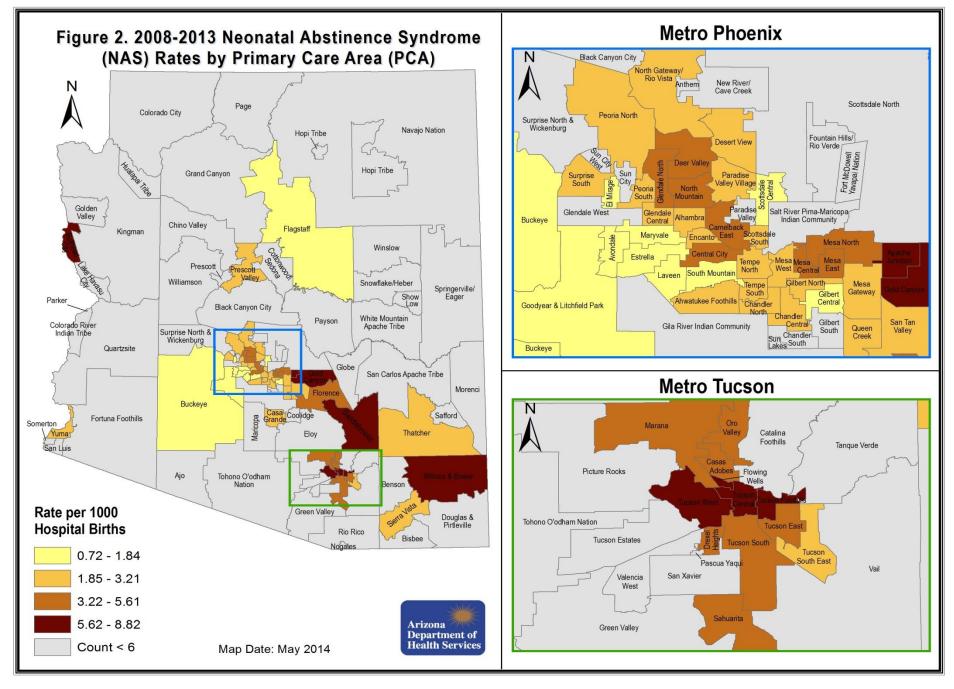




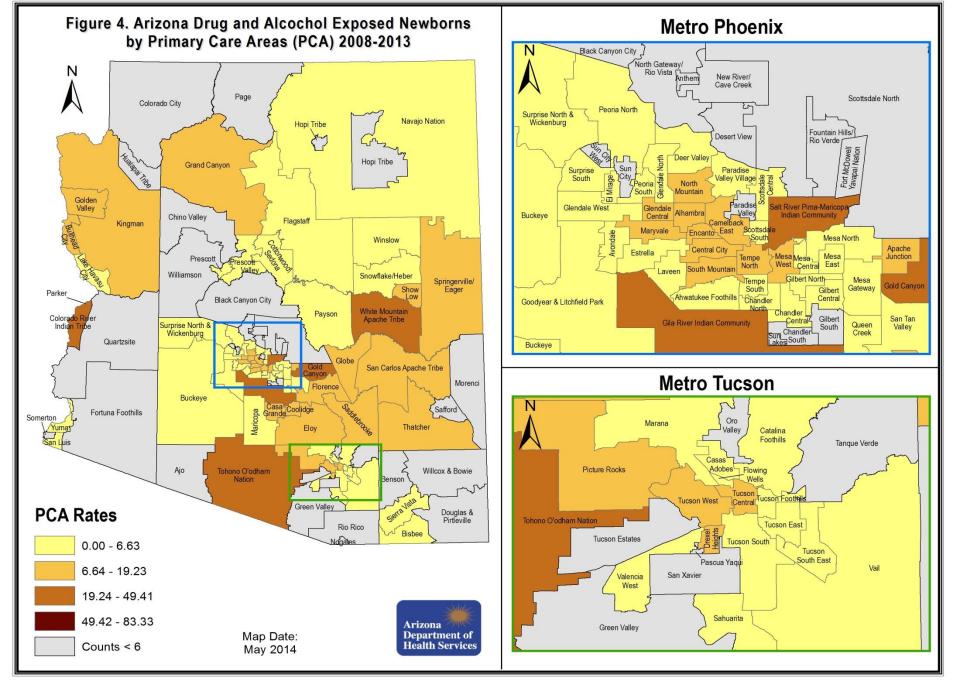






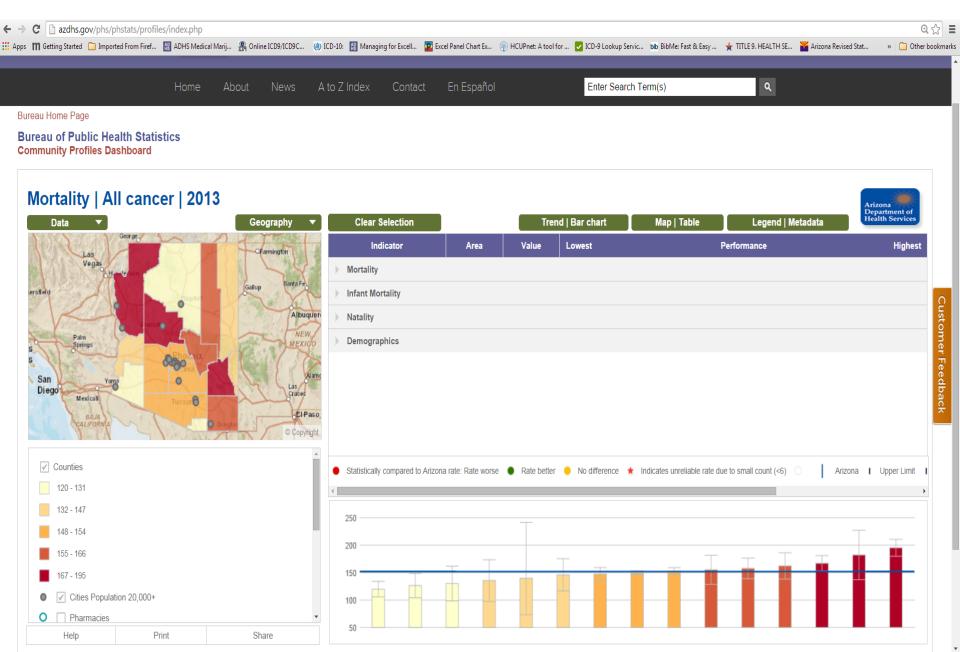


Source: Hussaini SK. Neonatal Abstinence Syndrome: 2008-2013 Overview. Research Brief, 2014.



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So What's This



Need more info....

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Contact email for PCAs

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